

Salary Reduction Agreement

Attn: NEA Valuebuilder Program - Future, Select and Multi-Flex

Please type or print in black ink. Questions? Call our National Service Center at 1-800-NEA-VALU.

Instructions

Use this form to set up contributions to your account from your paycheck. Please check with your employer to verify that this agreement meets your employer's requirements. You must complete all sections that apply.

Compliance Note (SECURE Act Updates)

Contribution limits and catch-up provisions are subject to federal tax law, including the SECURE Acts of 2019 and 2022. Certain catch-up contributions may be required to be made as Roth contributions based on your annual compensation. Contact your employer or plan administrator for details on current limits and eligibility.

Please type or print.

1. Provide General Account Information

Contract/Account Number

Plan Number or Name (Applicable to Employer Retirement Plans only)

Name of Owner/Participant
(First) (MI) (Last)

Mailing Address (Street Address)

City State Zip Code

Daytime Phone Number

Home Phone Number

2. Salary Reduction Agreement

Complete this section to set up or change contributions to your 403(b) Account. Please note that the maximum amount of salary that can be reduced may not exceed the limits of the Internal Revenue Code. Verify with your Employer availability of Roth 403(b) contributions.

- Deduct from my salary (select all that apply)
 - Pre-Tax Qualified Contribution
\$ _____ or % _____ per pay period.
 - After-Tax Roth Contribution
\$ _____ or % _____ per pay period.
- Catch-up Amount
 - Pre-Tax Qualified Contribution – Age 50
\$ _____
 - After-Tax Roth Contribution – Age 50
\$ _____
 - If you are age 60 through 63 this year (select all that apply):
 - Pre-Tax Special Catch-Up Contribution
\$ _____
 - Roth Special Catch-Up Contribution
\$ _____

Total \$ _____ or % _____ per pay period.

- Please stop my contributions to:

Current Provider

- I choose not to contribute at this time.

3. Provide Signatures

This Salary Reduction Agreement is irrevocable with respect to amounts earned while it is in effect and applies only to amounts earned after the agreement becomes effective.

This Salary Reduction Agreement will continue until amended or terminated.

The Employee agrees that the Employer shall have no liability whatsoever for any loss suffered by the Employee with regard to his/her selection of a provider, or the solvency of the operation of, or benefits provided by, said provider.

IN WITNESS THEREOF, this agreement has been executed by the parties hereto

this _____ day of _____, 20_____.



3. Provide Signatures (continued)

X _____ Date (mm/dd/yyyy)
Signature of Owner/Participant

X _____ Date (mm/dd/yyyy)
Signature of Employer (optional)

Employer Contact Title

X _____ Date (mm/dd/yyyy)
Signature of Representative (optional)

Print Name of Representative

For employer use only:

The Employer agrees to reduce the Employee's compensation by the amount listed, and to pay this amount to:
Security Benefit
P.O. Box 750500
Topeka, KS 66675-0500

